

Community Services School

Stephen MacLauchlan, Ed.D., Principal
 1102 Telephone Rd.
 Houston, Texas 77023 HISD Route 7
 Telephone: 713-967-5285; Fax: 713-967-5223

For Campus Level Personnel: **Homebound Referral Checklist 2016-2017**

Use this Homebound Referral Checklist to ensure all documents are completed and included in the homebound referral packet. The school nurse or principal's designee will submit the completed homebound referral packet by fax, email, or district mail.

Student Name: _____ Student ID: _____ Grade: _____ Gender: _____ Date: _____
 Community Services Program Enrollment: ____Special Ed. ____General Ed ____LEP ____504

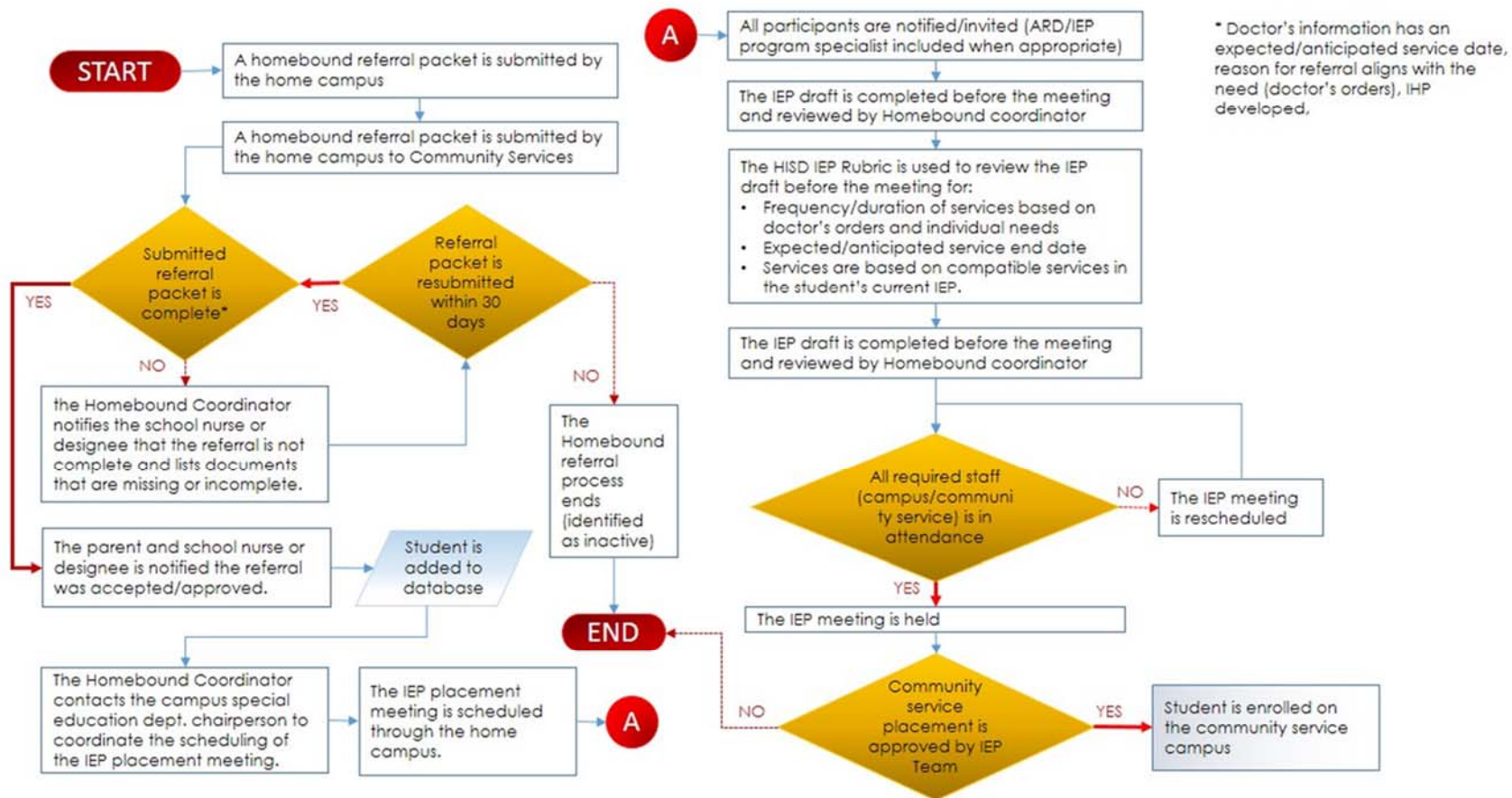
- ☐ **Checklist Begins here: (A copy of the completed checklist must be submitted with the completed referral)**
- ☐ Physician's Statement of Medical Information (**Sent by sending campus nurse/designee** to student's treating physician – Must be completed, signed and dated (by BOTH physician and campus nurse/designee)—**DOCUMENTS ARE NOT TO BE GIVEN TO PARENTS) (P. 10, 11, 12)—must indicate 4 or more weeks of requested homebound service**
- ☐ Campus Data Form for Hospital/Homebound Services (**ALL** blanks completed by sending campus designee, nurse, teacher, or counselor). **SPED, 504 and LEP status must be verified by campus personnel in charge of these programs (P. 5)**
- ☐ Principal Medical Designee Form (for campuses with no nurse on staff) (**P.6**)
- ☐ Consent forms (**3 forms total**) (signed by parent/guardian—p. 6 must include physician(s) information) (**P. 6, 7, 8**)
- ☐ Homebound Services Agreement - Parent Guardian Responsibilities) (**P. 13 English, P. 14 Spanish**)
- ☐ Current **Annual** IEP document (if student receives special education services—verify with campus special education chair)
- ☐ Current 504 plan (if student receives services under Section 504—verify with campus 504 chair)
- ☐ LEP folder (pages showing language proficiency level, LPAC, and years in program—verify with campus LEP coordinator.)
- ☐ Most current standardized test scores (STAAR, TELPAS)
- ☐ Discipline Data (from Chancery)
- ☐ Report card (most recent)
- ☐ Current transcript (for all students in grades 9-12)
- ☐ Personal Graduation Plan (PGP) (for all students in grades 6-12, if applicable—verify with campus PGP coordinator)
- ☐ Class schedule (current semester)
- ☐ Attendance report (cumulative, from Chancery)
- ☐ Media Release Form (**P. 15 English, P. 16 Spanish**)

Upon completion of referral documents, fax or email completed packet to Community Services—(Attention: Darlene Blasco—if student is a general education student or Attention: Brenda Baker Hampton-- if student is receiving special education services.). Once the referral is received and reviewed by Community Services personnel, the sending campus designee will be contacted to schedule a GEH telephone conference for students not receiving special education services to determine eligibility. Conference must include the school nurse and/or principal's designee (academic representative), Community Services personnel/administrator, and the student's parent(s). For students receiving special education services, an ARD/IEP meeting is scheduled and held by the sending campus to determine homebound eligibility. Referrals are completed annually. All incomplete referrals will close after 30 days of submission. **Referrals for the 2016-2017 school year will not be accepted after April 21, 2017. Incomplete referrals will be returned to the sending campus.**

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Homebound Referral Process Flow Chart (Special Education Students) 2016-2017

- Current or previous IEP meeting must be discussed and planned



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Procedures for Referral to the Community Service Homebound Instructional Program 2016-2017

NOT TO BE USED FOR MENTAL HEALTH REFERRALS

(Please see pre-screener process documents on HISD Community Services website prior to making a psychological/mental health referral)

1. All students referred for homebound instruction must be residents of HISD and enrolled in their campus of attendance. Students will remain enrolled in and receive instructional services from the campus of attendance until homebound eligibility is determined through a GEH committee or an ARD/IEP team meeting.
2. The school nurse or principal's designee is the contact person for the referral process. He/she will:
 - a. Conduct a brief interview with the parent to determine medical need for homebound referral (**Parent request alone does not necessitate a referral from the campus—there must be a medical need documented by US licensed physician.**)
 - b. Obtain all signed consent forms **(3)** with consent "yes" or "no" checked on each form.
 - c. Fax to the Treating Physician:
 - Physician Statement of Medical Information (PSMI) (p. 10-12)
 - Letter to the Treating Physician (p.7) **The physician's office will return the Physician Statement of Medical Information form directly to the nurse at the campus of attendance. School Personnel are prohibited from distributing physician's documents to parents or guardians.**
 - Consent to Release Medical Information (p. 8)
 - d. The school nurse/designee will submit the completed referral packet by fax to 713-967-5223 or email to Community Services. **Special Education student referrals should be submitted to the attention of Brenda Baker Hampton (bbaker@houstonisd.org).** **General Education student referrals should be submitted to the attention of Darlene Blasco (sblasco@houstonisd.org).** The packet must include all **completed** forms as per the checklist on page 1 of the packet.
3. Upon receipt of the completed referral packet, Community Services personnel will review the documents received. Incomplete referrals will not be processed.
4. **For students not receiving special education:** Community Services personnel will notify the parents and campus of attendance of the scheduled General Education Homebound (GEH) committee meeting. The school nurse or principal's designee from the campus of attendance is required to participate in the telephone conference. Notice of Eligibility / Non-Eligibility for Homebound Services (GEH Conference Summary) will be forwarded to the school nurse and/or administrative designee at the campus of attendance and will be mailed to the parents. Eligible students **remain enrolled on the campus of attendance with instructional services provided by the teacher from Community Services.** Non-Eligible students will continue to receive instruction at the campus of attendance.

Notice of Release of Homebound Services will be forwarded from Community Services to the school nurse and/or administrative

designee of student's school of attendance once the homebound instruction period is completed as per the GEH or IEP documents.

5. **For students *receiving* special education:** The campus of attendance and Community Services special education personnel will coordinate the date, time, and location for the Admission, Review and Dismissal/Individualized Education Program (ARD/IEP) team meeting the ARD/IEP team members (i.e., parents/guardians, special educators, general educators, related service providers, and administrators). **Release of Homebound Services must be addressed in an ARD/IEP meeting before the student returns to the campus of attendance.**

NOTE: Homebound instruction is a temporary service. Upon release of homebound service, the student must return to his/her campus of attendance. Referrals must be renewed annually. ***Referral deadline for the 2016-2017 school year is April 21, 2017.***

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Campus Data Form

Student Name	Last	First	Middle Initial
Date of Birth		Student ID#	
Gender	Ethnicity	Grade Level	
Parent Name	Email		
Address	Zip code		
Telephone	Home	Cell	

Educational Status

Campus of Attendance	
Campus Address/ZIP/Phone	
Contact Person, Title	Date Completed

Is the student currently receiving special education services?
 (If yes, attach most current ANNUAL ARD/IEP document.)

☐ Yes ☐ No

If yes, list disability conditions:

Date of last annual ARD/IEP meeting:

Does the student receive services under Section 504? (If yes, attach 504 plan)

☐ Yes ☐ No

Does the student currently have a Personal Graduation Plan (PGP)? (If yes, please attach a copy of the current PGP-grades 6-12 only)

☐ Yes ☐ No

STAAR Results

Reading/ELA	Math	Science	Social Studies
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TELPAS Results

Language Data

Student's Language

Proficient in Language?

☐ Yes ☐ No

LEP Student? (If yes, include a copy of most current LEP folder)

☐ Yes ☐ No

Title of person completing this form	Printed Name	Signature	Date Completed
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THIS FORM MUST BE COMPLETELY FILLED OUT BY CAMPUS PERSONNEL PRIOR TO REFERRAL SUBMISSION

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Principal Medical Designee Form

(To be completed by schools with no campus nurse on staff)

Student Name: _____ ID: _____ DOB: _____ Grade: _____
Campus Name: _____ Address: _____ Zip: _____
Campus Phone: _____
Principal Name (Printed): _____

PLEASE READ AND COMPLETE/SIGN BELOW TO DESIGNATE A CAMPUS MEDICAL LIAISON/DESIGNEE FOR THE HOMEBOUND REFERRAL PROCESS FOR THE STUDENT LISTED ABOVE:

I hereby designate the person listed below to act as the campus liaison/designee for homebound medical referrals, including, but not limited to, the collection and review of all necessary referral documents, conferring with medical personnel as per the HISD medical consent form, participation in the General Education Homebound (GEH) phone conference (for general education students to determine eligibility) and/or ARD/IEP meetings (for students receiving special education services to determine eligibility).

Designee Name: _____ Title: _____

Principal Signature: _____ Date: _____

I understand my role as the campus medical designee and will participate as directed in the homebound referral process.

Designee Signature: _____ Date: _____

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To The Treating Physician:

The Houston Independent School District is pleased to provide instruction for students who are too ill to attend school. Instruction in the home or hospital is a **temporary arrangement** that allows the student with medical problems to continue education through a reduced level of coursework or online instruction. This referral process is NOT to be used for psychological referrals. Referrals for psychological/mental health diagnoses should be directed to the campus of enrollment for follow up by the campus IAT or appropriate committee for general education students or the ARD/IEP team for students receiving special education services. It is the campus of enrollment's responsibility to implement and document accommodations for students presenting with mental health concerns **prior** to referring for possible homebound eligibility. Please refer to the process documents on the Community Services website pertaining to the mental health referral pre-screening process.

The Admission, Review, and Dismissal/Individualized Education Program (ARD/IEP) team or the General Education Homebound/Hospital Committee (GEH) must consider the physician's information as **one** of the factors in the decision making process when determining educational services. While the student recovers from an acute phase of illness, the team or committee explores transition in the regular educational setting as soon as the student is able to return to school.

Because of the array of services for students with multiple disabilities (including those requiring oxygen and other medical equipment) now available at schools, accommodations and modifications may be made at the student's campus of attendance to meet educational needs. The GEH Committee or ARD/IEP team will review and consider the impact of the student's physical condition regarding his or her ability to return to the regular school setting. An anticipated or expected date of discharge is crucial in this consideration process.

The attached documents are a part of the referral process for the provision of educational services to students who are ill. The treating physician must complete and return the documents to the nurse at the school of attendance by fax or U.S. mail as indicated on the **Physician Statement of Medical Information** form in order for services to be considered. The last date to submit referrals for the 2016-2017 school year is **April 21, 2017**.

If you have questions, please contact Darlene Blasco, Homebound Coordinator (General Education referrals) or Brenda Baker Hampton, Special Education Chair (Special Education referrals) at 713 967-5285.

Sincerely,

Stephen MacLauchlan

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Principal
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Consent to Release of Verbal and/or Written Medical Information

In order that complete medical information is obtained concerning the student's medical condition and its impact on delivery of instruction, the Houston Independent School District authorizes a physician of its choosing to obtain additional medical information through physician review of medical records and/or consultation with the student's primary treating physician and any other physician who treats a co-existing condition that is or is not stated in the diagnoses or elsewhere in Special Education records. In addition, the Independent Medical Consultant may request a clinical evaluation if necessary. The independent medical consultant may also communicate with other therapists who provide services to the student in order that a comprehensive evaluation is conducted.

This consent is given for

 Student

 Date of Birth

I authorize the physician(s) listed below to release and/or exchange information with HISD Physician Medical Consultant, Community Services School designee(s), and HISD Special Education personnel regarding course of treatment. **PHYSICIAN INFORMATION MUST BE COMPLETED BELOW. FORMS WITHOUT PHYSICIAN INFORMATION CANNOT BE PROCESSED and will constitute an incomplete referral.**

_____ Physician	_____ Specialty and ID#	_____ Address	_____ Phone	_____ Fax
_____ Physician	_____ Specialty and ID#	_____ Address	_____ Phone	_____ Fax
_____ Physician	_____ Specialty and ID#	_____ Address	_____ Phone	_____ Fax

This consent form states that the parent or adult student has been fully informed and understands the activity for which consent is sought. The parent or adult student agrees in writing to the activity for which consent is sought. Documentation indicates that the parent or adult student understands consent is voluntary and may be revoked at any time. **Note:** The withdrawal does negate an action that has occurred after consent was given and before it was withdrawn. Further, the individually identifiable health information described above may no longer be protected by HIPAA (the federal privacy regulations governing medical information, once such information is held by HISD Special Education personnel). **Please check one below:**

- ☐ Yes, I do consent to communication between school district employees and home health caregivers. This consent may be revoked at any time.
- ☐ No, I do not consent to communication between school district employees and home health caregivers.

_____ Signature of Parent, Adult Student, Legal Guardian, Surrogate Parent	_____ Title	_____ Date
_____ Signature of Interpreter (if required)	_____ Title	_____ Date

- Services cannot be considered or continued until this form is received by Community Services.
- This form must accompany the Physician's Statement of Medical Information (PSMI).
- **This form must include complete physician information above and have ONE permission area checked.**

This authorization automatically expires one year from the date of the signature.

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Consent for Nurses' In-Home Assessment of Physical Needs/Medical Equipment

Student's Name: _____ Address: _____

Phone Number: _____ School: _____

School Address: _____ School Phone Number: _____

Dear Parent/Guardian,

During your child's illness, a nursing assessment may be completed to determine the impact of the student's physical condition on his/her educational placement and services. This assessment correlates the current physical symptoms with medical information from the physician. The goal is to facilitate maximum educational opportunity within the limitations of the student's physical ability to participate in the plan of instruction. In some cases, homebound services may not be considered without a home visit by a nurse/nurses employed by Houston ISD. The required signature indicates voluntary agreement with the above statement and that authorization may be withdrawn at any time. **Note:** The withdrawal does negate an action that has occurred after consent was given and before it was withdrawn.

Please check yes or no for authorization of nurse/nurses visits in the home environment:

☐ Yes, I do consent to home visits by HISD nurses.

☐ No, I do not consent to home visits by HISD nurses.

_____	_____	_____
Signature of Parent/Legal Guardian	Name (printed)/Title	Date

_____	_____	_____
Signature of Interpreter (if required)	Name (printed)/Title	Date

Note:

- Services cannot be provided or continued until this form is received by Community Services.
- This form must accompany the Physician's Statement of Medical Information (PSMI).
- **This form must be completed, signed by the parent and have ONE permission area checked.**
- **If consent is not obtained, a delay in services may occur.**

This authorization automatically expires one year from the date of signature.

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Consent to Communicate with Home Health Personnel Concerning Student Response to Therapy/Treatment

Student's Name: _____ Address: _____

Phone Number: _____ School: _____

School Address: _____ School Phone Number: _____

Dear Parent/Guardian,

During the process of providing homebound/hospital instructional services to your child we are often in contact with health care providers from agencies outside of the Houston ISD. Often these providers wish to share ideas and information about your child's care with our personnel as it impacts instruction. Your consent is needed so that communication between home health providers and Houston ISD employees is consistent with your wishes. The required signature indicates voluntary agreement with the above statement and that authorization may be withdrawn at any time. **Note:** The withdrawal does negate an action that has occurred after consent was given and before it was withdrawn.

Please check yes or no for authorization regarding the sharing of information between school district employees and home health providers:

☐ Yes, I do consent to communication between school district employees and home health care providers.

☐ No, I do not consent to communication between school district employees and home health care providers.

_____	_____	_____
Signature of Parent/Legal Guardian	Name (printed)/Title	Date

_____	_____	_____
Signature of Interpreter (if required)	Name (printed)/Title	Date

Note:

- Services cannot be provided or continued until this form is received by Community Services.
- This form must accompany the Physician's Statement of Medical Information (PSMI).
- **This form must be completed, signed by the parent and have ONE permission area checked.**
- **If consent is not obtained, a delay in services may occur.**

This authorization automatically expires one year from the date of signature

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Physicians Statement of Medical Information (PSMI) HOSPITAL/HOMEBOUND PROGRAM 2016-2017

- Homebound instruction is a temporary service based on documented medical need. (See TAC 89.63 §(2)(A))
- Form is to be completed and returned to student's campus of enrollment for further processing.
- Prior year forms may not be used for current year referrals.
- **NOT TO BE USED FOR PSYCHOLOGICAL/MENTAL HEALTH REFERRALS**—See Community Services website pre-screening documents for information regarding psychological/mental health referrals prior to referral submission.

To Be Completed by Campus of Attendance Personnel

Student Name	_____	Parent Name	_____
Home Address	_____	Student Date of Birth	_____ ID# _____
City, Zip Code	_____	Grade	_____ Male/Female _____
	_____	School of Attendance	_____
Phone	Home _____	School Address	_____ Zip Code _____
	Mobile _____	School Phone	_____ FAX _____

To Be Completed by US Licensed Treating Physician

- ALL items must be completed. *Incomplete forms will not be processed and will be closed 30 days from receipt.*
- The physician's signature/date of completion and campus nurse/designee signature/date signed are REQUIRED on the last page.

Name and title of person completing this form if other than physician: Name: _____ Title: _____

Date of last office visit: _____ Date of next office visit: _____

Is student currently hospitalized? ☐ Yes ☐ No Name of hospital: _____

Admission date: _____ Projected discharge date: _____

1. Diagnosis: _____ Date of onset: _____

Symptoms exhibited: _____

Current status of condition: ☐ acute ☐ chronic ☐ stable ☐ other, explain: _____

Reason for requesting homebound services at this time? _____

Student's condition requires complete confinement to the home/hospital setting? ☐ Yes ☐ No If no, explain why student must be confined for educational purposes only. _____

Have you previously referred this student for homebound/hospital services? ☐ Yes ☐ No

Could accommodations at the campus level be utilized to enable the student to receive instruction in the school setting?
☐ Yes ☐ No

If yes, please list recommended campus accommodations _____

If no, list reasons why no campus accommodations should be considered. _____

-----THIS BOX MUST BE COMPLETELY FILLED OUT FOR ALL REFERRALS-----

Surgery: ☐ Yes ☐ No If Yes, Date: _____ Procedure: _____

Student Name: _____ Student ID Number: _____

2. Student receives chemotherapy at this time? ☐ Yes ☐ No If Yes, Start Date: _____ Projected End Date: _____

Type of chemotherapy: ☐ Oral ☐ IV ☐ Other _____

• Frequency of office visits: ☐ weekly ☐ twice weekly ☐ every 2 weeks ☐ monthly ☐ Other _____

Immune system function requires special precautions at home ☐ Yes ☐ No

3. Tracheostomy: ☐ Yes ☐ No Seizures: ☐ Yes ☐ No Gastric tube feeding: ☐ Yes ☐ No

4. Oxygen: ☐ Yes ☐ No Continuous: ☐ Yes ☐ No Whenever necessary: ☐ Yes ☐ No

5. Is pupil contagious at this time? ☐ Yes ☐ No

• If yes, state risk factor to teacher: _____

• Please state any precautions the teacher should take: ☐ None Needed ☐ Precautions needed at:

☐ Home _____ ☐ Mask ☐ Gloves ☐ Gown ☐ Other _____

☐ Hospital _____ ☐ Mask ☐ Gloves ☐ Gown ☐ Other _____

• Hospital students only: Is this child on isolation? ☐ Yes ☐ No

If yes, what category (ies): ☐ airborne ☐ contact ☐ droplet ☐ other

If other, explain: _____

6. Current medication(s) (attach additional sheet if needed) _____ Route of administration _____ Frequency of administration _____

7. Participation in instructional activity (recommended time):

A. **HOMEBOUND Student:** ☐ 1 hour/week ☐ 2 hours/week ☐ 3 hours/week ☐ 4 hours/week ☐ As tolerated

B. **HOSPITAL Student:** ☐ 1 hour/week ☐ 2 hours/week ☐ 3 hours/week ☐ 4 hours/week ☐ As tolerated

Strength: ☐ easily fatigued ☐ limited strength

Mobility: ☐ bed only ☐ wheelchair ☐ ambulatory w/without assistance ☐ complete confinement to home

8. Projected length of confinement:

HOMEBOUND Student: _____ *weeks (*not to exceed 36 weeks*) **HOSPITAL Student:** _____ *weeks

**terms such as "indefinite" or "unknown" cannot be used*

Homebound instruction needed after hospital discharge? ☐ Yes ☐ No If yes, please complete number 8a.

Once approved, if student is medically unable to participate in homebound instruction, he or she will be released from the program and will need to be reevaluated by referring physician for appropriateness of placement and a new referral will need to be completed.

-----THIS BOX MUST BE COMPLETELY FILLED OUT FOR ALL REFERRALS -----

9. Indicate functional implications of condition:

☐ Difficulty with stairs and/or distances ☐ Difficulty maintaining alertness or strength ☐ Altered ability in concentration or memory

Signature of Licensed Physician
(Treating Physician Only)

Date

Name of Licensed Physician
(Print or Type)

Medical Specialty

Address of Physician

Physician's ID Number

Telephone Number / FAX Number

*Signature of School Nurse/Campus Designee Date Reviewed

Printed Name of School Nurse/Campus Designee
(*Must be reviewed and signed by campus nurse or principal's designee
prior to referral submission)

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Homebound Service Agreement Parent/Guardian Responsibilities

As a participant in the HISD homebound program, your child will be provided with a teacher to work with him/her at home for the duration of his/her homebound placement. Your child will receive instruction according to Community Services School guidelines, covering core subjects that can feasibly be continued in the home environment.

The Community Services staff is dedicated to ensuring that your child receives the maximum benefit from the homebound program. In order for him/her to meet the high expectations of the program, you, your child, and members of your household are required to adhere to the following Community Services homebound policies:

1. Have a responsible adult present in the home during each instructional session. Homebound teachers **will not** enter the home to provide instruction without an adult present. If your child has a history of behavior concerns, the supervising adult must remain with the student at all times during instruction to supervise and manage the student's behavior. Homebound teachers **will NOT remain in the home** if the student is exhibiting hostile or aggressive behavior and/or he/she refuses to participate in the instructional services.
2. Provide **safe access to the property** such as opening gates, clearing pathways, ensuring adequate parking for the teacher, and restraining any pets.
3. Prepare an area in the home (i.e., living or dining area) that is **conducive to learning**. Provide adequate table space for student-use and teacher-use.
4. Ensure **uninterrupted instructional time** by NOT allowing visitors, calls, television, music, social media, video games, tobacco, alcohol, or the presence of any other condition **that may create an unsafe or unprofessional environment**.
5. Homebound teacher is not responsible for monitoring or supervising the student's medical condition during homebound sessions. It is the responsibility of the home health care provider and/or adult(s) present in the home to monitor and supervise the student's medical condition during the homebound session.
6. Provide assistance and encourage your child to **complete assigned work**. Assignments are closely monitored and must be completed on time. Assignments may include online instruction. Students who continually fail to complete assignments, either face to face with the teacher or through on line courses, may be released from the program.
7. Notify the homebound teacher directly **24 hours in advance** if a scheduled session must be cancelled. Repeatedly cancelling sessions for non-medical related reasons may be cause for releasing your child from homebound services. Students who become medically unable to participate in homebound sessions will be released from the program and should be reevaluated by the referring physician to determine appropriate placement. Once released, a new referral must be submitted by the sending campus to be considered again for homebound services.
8. Keep the teacher informed of any changes in your child's medical condition that may affect instruction.
9. Sign the homebound teacher's weekly instructional log to verify that you or another responsible adult was present and that instruction was provided during each session. **Missed sessions will require a written excuse** from the parent to the homebound teacher as absences will affect attendance.
10. Your child must:
 - Be **dressed appropriately** for instruction.
 - Be **ready and rested** for the arrival of the homebound teacher at the designated appointment time.
 - Refrain from eating/drinking during instruction and while working with laptops or other technology equipment.
 - Exhibit appropriate behavior at all times during the homebound session. Inappropriate behavior will be cause to terminate the session and mark the student absent for the day. Repeated inappropriate behavior will be cause to release the student from homebound instruction.

If there are any questions or feedback, please contact Community Services at (713) 967- 5285. Please keep a copy of this form for your records.

Student Name _____ ID: _____

Parent/Guardian _____ Date: _____

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Serving and supporting homebound/hospital/agency/PRS students in every HISD community.

Convenio para Servicios a Domicilio Responsabilidades de los padres y tutores

En calidad de participante del programa para estudiantes confinados en su hogar, su hijo será asignado a un docente que trabajará con él a domicilio durante su participación en el programa. El estudiante recibirá instrucción en conformidad con las normas escolares de Servicios Comunitarios, cubriendo aquellas materias básicas que puedan abordarse en el hogar.

El personal de Servicios Comunitarios está dedicado a asegurar que su hijo reciba el beneficio máximo de las clases. Por lo tanto, a fin de que el estudiante pueda cumplir con las altas expectativas del programa, será preciso que usted, su hijo y los demás miembros del hogar se adhieran a las siguientes normas:

1. Contar con la presencia de un adulto responsable durante cada sesión de enseñanza en el hogar. Los docentes **no** entrarán en la casa a dar la clase si no hay una persona mayor presente. Si su hijo comúnmente tiene problemas de conducta, la persona deberá permanecer con el estudiante todo el tiempo que dure la clase para supervisar y controlar su conducta. Los docentes **NO se quedarán en la casa** si el estudiante exhibe un comportamiento hostil o agresivo, o si se niega a participar en las actividades didácticas ofrecidas.
2. Proveer **acceso seguro a la propiedad**, por ejemplo, abrir portones, despejar veredas, asegurarse de que haya un sitio adecuado donde el docente pueda estacionar, y contener las mascotas, si las hay.
3. Preparar un lugar de la casa (la sala o el comedor) que sea **propicio para el aprendizaje**, donde haya una mesa adecuada para el trabajo del docente y el estudiante.
4. Asegurar un **tiempo de instrucción sin interrupciones** que implique **NO** permitir visitas, llamadas, televisión, música, uso de medios sociales o videojuegos, consumo de tabaco o alcohol, o la presencia de cualquier otra condición **que pueda crear un ambiente inseguro o no profesional**.
5. Ayudar y animar a su hijo a **completar las tareas asignadas**, que pueden incluir enseñanza en internet. Las tareas se vigilan atentamente y es preciso terminarlas a tiempo. Los estudiantes que continuamente fallen en las tareas, ya sea trabajando en persona con el docente, o en cursos impartidos por internet, podrían ser dados de baja del programa.
6. Notificar al docente con **24 horas de anticipación** si es necesario cancelar una sesión programada. La cancelación reiterada de sesiones por razones no relacionadas con la atención médica del estudiante podría resultar en la baja del estudiante.
7. Mantener al docente informado de todo cambio en la condición de la salud de su hijo que podría afectar la instrucción.
8. Firmar el registro de clases semanales del docente para verificar que usted, u otro adulto, estuvo presente, y que en cada sesión se impartió una clase. **Cuando se pierda una sesión será preciso producir una justificación escrita**, de los padres al docente, ya que las faltas afectan la asistencia.
9. Su hijo debe:
 - o Estar **vestido de manera apropiada** para la enseñanza.
 - o Estar **descansado y preparado** para la llegada del docente a la hora acordada para la sesión.
 - o Abstenerse de comer o beber durante la clase y al trabajar con computadoras u otros aparatos electrónicos.

Si tiene alguna pregunta o comentario, por favor comuníquese con Servicios Comunitarios llamando al (713) 967- 5285. Si los servicios del docente a domicilio van a ser necesarios más allá del periodo establecido para la instrucción en casa, será necesario presentar una declaración del médico y un formulario de extensión. Por favor, guarde una copia de este formulario para su archivo personal.

Nombre de estudiante: _____ ID: _____

Padre/Tutor _____ Fecha: _____



HOUSTON INDEPENDENT SCHOOL DISTRICT

HATTIE MAE WHITE EDUCATIONAL SUPPORT CENTER
4400 WEST 18th STREET • HOUSTON, TEXAS 77092-8501

Student Media Consent and Release Form

Throughout the school year, students may be highlighted in efforts to promote HISD activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.

I, as the parent or guardian of _____, hereby give HISD and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

- a. This is with the understanding that neither HISD nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.
- b. I further release and relieve HISD, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

Please understand that failure to return this release form within ten (10) school days from the date of distribution will constitute approval of the above requests.

Please Print

Name of child _____ Grade _____

Address _____

City, State, Zip _____

Signature of parent or guardian _____

Date _____ Phone Number _____


DISTRITO ESCOLAR INDEPENDIENTE DE HOUSTON

CENTRO DE APOYO ESCOLAR HATTIE MAE WHITE
4400 WEST 18th STREET • HOUSTON, TEXAS 77092-8501

Formulario estudiantil de consentimiento para difusión a los medios

En el transcurso de este año escolar, varios estudiantes podrían ser incluidos en proyectos para promover las actividades y logros de HISD. Por ejemplo, los estudiantes pueden estar en material preparado para capacitar a los maestros y/o mejorar el interés del público y promover las escuelas a través del periódico, radio, TV, internet, DVD, carteles, folletos y otros medios.

Yo, el padre, madre o tutor de _____, doy consentimiento a HISD y sus empleados, representantes y organizaciones de difusión autorizadas permiso para imprimir, fotografiar y grabar el audio, video o cualquier otro medio electrónico digital o impreso de mi hijo(a).

- a. Entiendo que HISD ni sus representantes reproducirán dichas fotografías, entrevistas o cualquier otra cosa similar para ningún propósito de lucro. También estoy consciente de que no recibiré compensación monetaria por la participación de mi hijo(a).
- b. Exento a HISD, la Mesa Directiva, sus empleados y otros representantes de cualquier otra responsabilidad, conocida o no, referente a este material.

Certifico que leí este formulario estudiantil de consentimiento para difusión a los medios y entiendo los términos y condiciones de éste.

Entiendo que si no regreso este consentimiento dentro de diez (10) días escolares de la fecha de su distribución, automáticamente doy mi consentimiento.

Por favor anote

Nombre del estudiante _____ Grado _____

Dirección _____

Ciudad, estado, código postal _____

Firma del padre, madre o tutor _____

Fecha _____ Teléfono _____

